

PATENT
Attorney Docket No.. 58777.000003

UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of :)
)
Masafumi KITAKAZE, et al.) Group Art Unit: 1653
)
Serial No.: 09/752,724) Examiner: Rita Mitra, Ph.D.
)
Filed: January 3, 2001)

For: TREATMENT OR PROPHYLAXIS OF ISCHEMIC HEART DISEASE

AMENDMENT UNDER 37 C.F.R. § 1.111

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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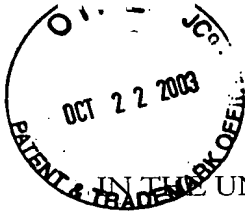
Sir:

In response to the Office Action of April 22, 2003, please amend the above-application
as follows:

Amendments to the Specification begin on page 2 of this paper

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this
paper.

Remarks/Arguments begin on page 5 of this paper.



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Masafumi KITAKAZE

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Group Art Unit: 1653

Examiner: Rita Mitra, Ph.D.

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TRANSMITTAL LETTER

Mail Stop Patent Application

Commissioner for Patents

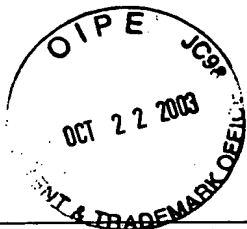
P.O. Box 1450

Alexandria, Virginia 22313-1450

Sir:

The following are enclosed for consideration in the above-identified application:

	FEE
<input type="checkbox"/> Response to Notice to File Missing Parts	\$
<input checked="" type="checkbox"/> Response to Office Action mailed April 22, 2003	\$
<input type="checkbox"/> Declaration: <input type="checkbox"/> Original; <input type="checkbox"/> Supplemental	\$
<input type="checkbox"/> Submission of Formal Drawings	\$
<input type="checkbox"/> Informal Drawings: ___ Sheets ___ Figures	\$
<input type="checkbox"/> Information Disclosure Statement, Form PTO-1449, copy of French and International Search Reports, and 6 references <input type="checkbox"/>	\$
<input type="checkbox"/> Amendment: <input type="checkbox"/> Preliminary; <input type="checkbox"/> § 116; <input type="checkbox"/> § 312; <input type="checkbox"/> Other	\$
<input checked="" type="checkbox"/> Three-Month Extension of Time	\$950.00
<input type="checkbox"/> Issue Fee: <input type="checkbox"/> Part B - Issue Fee Transmittal <input type="checkbox"/> Part C - Charge to Deposit Account	\$
<input type="checkbox"/> Notice of Appeal	\$
<input type="checkbox"/> Appeal Brief	\$
<input type="checkbox"/> Request for Oral Hearing	\$
<input type="checkbox"/> Reply Brief	\$
<input type="checkbox"/> Terminal Disclaimer	\$
<input type="checkbox"/> An additional claim fee is required, and is calculated as shown below	\$
TOTAL FEES BEING SUBMITTED	\$950.00



	Claims Remaining	Claims Paid For	Extra	Rate	Fee
Total Claims		20	0	x \$18.00	\$
Independent Claims		3	0	x \$86.00	\$
Multiple Dependent Claims (if applicable)				\$	\$
TOTAL EXCESS CLAIMS FEE					\$
SMALL ENTITY TOTAL (if applicable)					\$.00

The Commissioner is hereby authorized to charge payment of any additional filing fees required under 37 CFR § 1.16 and § 1.17 associated with this communication or credit any overpayment to the deposit account of Hunton & Williams, Deposit Account Number 50-0206.

Respectfully submitted,

Date: October 22, 2003

By:

Robert M. Schulman
Registration No. 31,196

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David H. Milligan
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